



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Technical Services
1035 Stevenson Drive
Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY

Facility # _____

Permit # _____

APPLICATION for Permit for **TOUCH-UP** of **INTERIOR LINING**, of Underground Storage Tanks at Existing Site. Submit application in triplicate and fee to: **Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, 1035 Stevenson Drive, Springfield, IL 62703.** (Please type or print clearly)

(1) **OWNER OF TANKS** - Corporation, partnership, or other business entity: (Must be mailing address)

Name

Street Address

City State Zip

Contact Person Phone

(2) **FACILITY** - Facility ID # _____
(Name and address where tanks are located:)

Name

Street Address

City State Zip County

Contact Person Phone

(3) **TANK(S)**: Check whichever applies and fill in the appropriate blanks for the existing lined tanks to be touched-up. Attach additional sheet(s) if more space is needed.

| Tank ID # | Capacity in Gallons | Product | Single Wall | Double Wall | FRP | Steel | Composite | % of Lining Repaired |
|-----------|---------------------|---------|-------------|-------------|-----|-------|-----------|----------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

(4) **CONTRACTOR**: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that all information submitted is true, accurate and complete.

Company Name _____ Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____ Contractor License # IL _____ Expiration Date _____

Name of Authorized Representative _____ Title or Position _____

Signature _____ Date _____

(5) **MANUFACTURER OF LINING MATERIAL** (company name): _____

(6) **DESIGNATION OF LINING MATERIAL** (name, number, etc.): _____

(7) **COMPATIBILITY** - The lining material must be compatible with the product stored (**VERIFICATION MAY BE REQUIRED**). Only lining materials meeting the specifications approved by our office shall be used.

The OSFM **REQUIRES** the disclosure of the requested information to issue this permit, pursuant to 430 ILCS, Act 15, Gasoline Storage Act. Failure to provide the requested information will result in this permit application not being processed. Such failure will result in the application being returned - it will be returned to the applicant only once (without being denied) and if resubmitted is **REQUIRED** to be done within **14 days** from the date of return.

(8) Performing any work on an existing lining without a permit is strictly prohibited.

(9) All work shall be performed per 41 Ill. Adm. Code 175 and shall otherwise be in accordance with any referenced codes and standards or manufacturer specifications. This application pertains only to the touch up of the interior lining as described in Item (3) on Page #1 of this document. An “Upgrade or Repair of UST” application and permit is required for all work other than interior lining touch-up.

(10) **APPLICATION REJECTION** - Insufficient information or illegibility can be cause for return or denial.

(11) **PERMIT TO WORK** - No work can proceed without a granted permit in hand and must be available upon request of the Storage Tank Safety Specialist. Granted permit(s) are considered void whenever tank(s) are found unacceptable for interior lining.

(12) **APPLICANT** - The ***INTERIOR LINING CONTRACTOR*** must complete this application. A fee of \$200.00 for each site must accompany this application. (Checks or money orders are to be made payable to the Office of the State Fire Marshal. Do not send cash).